

## PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only	
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum)	
<b>Box No. I TITLE OF INVENTION</b> <b>Di-Glycosyl Glyceryl Compounds for the Stabilisation and Preservation of Biomaterials</b>	
<b>Box No. II APPLICANT</b> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> This person is also inventor         </div> <div style="flex: 1;">           Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <b>INSTITUTO DE BIOLOGIA EXPERIMENTAL E TÉCNOLOGIA (IBET)</b>            Quinta do Marquês, Apartado 12            2781-901 Oeiras            Portugal         </div> <div style="flex: 1;">           Telephone No.  <b>(351) 21 442 7787</b> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;">           Facsimile No.  <b>(351) 21 442 1161</b> </div> <div style="flex: 1;">           Teleprinter No.         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;">           Applicant's registration No. with the Office         </div> <div style="flex: 1;"> </div> </div>	
State (that is, country) of nationality: <b>PT</b>	State (that is, country) of residence: <b>PT</b>
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <b>Helena Santos</b>            R. Manuel de Almeida Vasconcelos, nº 132, 3º C            2775-713 Carcavelos            Portugal         </div> <div style="flex: 1;">           This person is:  <input type="checkbox"/> applicant only  <input checked="" type="checkbox"/> applicant and inventor  <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)            Applicant's registration No. with the Office         </div> </div>	
State (that is, country) of nationality: <b>PT</b>	State (that is, country) of residence: <b>PT</b>
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> </div> <div style="flex: 1;">           Telephone No.         </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> </div> <div style="flex: 1;">           Facsimile No.         </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> </div> <div style="flex: 1;">           Teleprinter No.         </div> </div>	
Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Pedro Miguel Lamosa António  
Campo Grande nº 5, 8º Dto  
Lisboa  
Portugal

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
PTState (that is, country) of residence:  
PT

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Carla Jorge  
Rua António Sousa Pinto, nº 6, 3º Esq.  
2800 Almada  
Portugal

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Milton Simoes da Costa  
Rua do Sobreiro, 65  
Bustos  
3770 Oliveira do Bairro

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
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PT

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

## Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

**AP** **ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) . . . . .

**EA** **Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT . . . . .

**EP** **European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT . . . . .

**OA** **OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) . . . . .

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input checked="" type="checkbox"/> AE United Arab Emirates . . . . .	<input checked="" type="checkbox"/> GM Gambia . . . . .	<input checked="" type="checkbox"/> NZ New Zealand . . . . .
<input checked="" type="checkbox"/> AG Antigua and Barbuda . . . . .	<input checked="" type="checkbox"/> HR Croatia . . . . .	<input checked="" type="checkbox"/> OM Oman . . . . .
<input checked="" type="checkbox"/> AL Albania . . . . .	<input checked="" type="checkbox"/> HU Hungary . . . . .	<input checked="" type="checkbox"/> PH Philippines . . . . .
<input checked="" type="checkbox"/> AM Armenia . . . . .	<input checked="" type="checkbox"/> ID Indonesia . . . . .	<input checked="" type="checkbox"/> PL Poland . . . . .
<input checked="" type="checkbox"/> AT Austria . . . . .	<input checked="" type="checkbox"/> IL Israel . . . . .	<input checked="" type="checkbox"/> PT Portugal . . . . .
<input checked="" type="checkbox"/> AU Australia . . . . .	<input checked="" type="checkbox"/> IN India . . . . .	<input checked="" type="checkbox"/> RO Romania . . . . .
<input checked="" type="checkbox"/> AZ Azerbaijan . . . . .	<input checked="" type="checkbox"/> IS Iceland . . . . .	<input checked="" type="checkbox"/> RU Russian Federation . . . . .
<input checked="" type="checkbox"/> BA Bosnia and Herzegovina . . . . .	<input checked="" type="checkbox"/> JP Japan . . . . .	<input checked="" type="checkbox"/> SD Sudan . . . . .
<input checked="" type="checkbox"/> BB Barbados . . . . .	<input checked="" type="checkbox"/> KE Kenya . . . . .	<input checked="" type="checkbox"/> SE Sweden . . . . .
<input checked="" type="checkbox"/> BG Bulgaria . . . . .	<input checked="" type="checkbox"/> KG Kyrgyzstan . . . . .	<input checked="" type="checkbox"/> SG Singapore . . . . .
<input checked="" type="checkbox"/> BR Brazil . . . . .	<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea . . . . .	<input checked="" type="checkbox"/> SI Slovenia . . . . .
<input checked="" type="checkbox"/> BY Belarus . . . . .	<input checked="" type="checkbox"/> KR Republic of Korea . . . . .	<input checked="" type="checkbox"/> SK Slovakia . . . . .
<input checked="" type="checkbox"/> BZ Belize . . . . .	<input checked="" type="checkbox"/> KZ Kazakhstan . . . . .	<input checked="" type="checkbox"/> SL Sierra Leone . . . . .
<input checked="" type="checkbox"/> CA Canada . . . . .	<input checked="" type="checkbox"/> LC Saint Lucia . . . . .	<input checked="" type="checkbox"/> TJ Tajikistan . . . . .
<input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein . . . . .	<input checked="" type="checkbox"/> LK Sri Lanka . . . . .	<input checked="" type="checkbox"/> TM Turkmenistan . . . . .
<input checked="" type="checkbox"/> CN China . . . . .	<input checked="" type="checkbox"/> LR Liberia . . . . .	<input checked="" type="checkbox"/> TN Tunisia . . . . .
<input checked="" type="checkbox"/> CO Colombia . . . . .	<input checked="" type="checkbox"/> LS Lesotho . . . . .	<input checked="" type="checkbox"/> TR Turkey . . . . .
<input checked="" type="checkbox"/> CR Costa Rica . . . . .	<input checked="" type="checkbox"/> LT Lithuania . . . . .	<input checked="" type="checkbox"/> TT Trinidad and Tobago . . . . .
<input checked="" type="checkbox"/> CU Cuba . . . . .	<input checked="" type="checkbox"/> LU Luxembourg . . . . .	<input checked="" type="checkbox"/> TZ United Republic of Tanzania . . . . .
<input checked="" type="checkbox"/> CZ Czech Republic . . . . .	<input checked="" type="checkbox"/> LV Latvia . . . . .	<input checked="" type="checkbox"/> UA Ukraine . . . . .
<input checked="" type="checkbox"/> DE Germany . . . . .	<input checked="" type="checkbox"/> MA Morocco . . . . .	<input checked="" type="checkbox"/> UG Uganda . . . . .
<input checked="" type="checkbox"/> DK Denmark . . . . .	<input checked="" type="checkbox"/> MD Republic of Moldova . . . . .	<input checked="" type="checkbox"/> US United States of America . . . . .
<input checked="" type="checkbox"/> DM Dominica . . . . .	<input checked="" type="checkbox"/> MG Madagascar . . . . .	<input checked="" type="checkbox"/> UZ Uzbekistan . . . . .
<input checked="" type="checkbox"/> DZ Algeria . . . . .	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia . . . . .	<input checked="" type="checkbox"/> VN Viet Nam . . . . .
<input checked="" type="checkbox"/> EC Ecuador . . . . .	<input checked="" type="checkbox"/> MN Mongolia . . . . .	<input checked="" type="checkbox"/> YU Yugoslavia . . . . .
<input checked="" type="checkbox"/> EE Estonia . . . . .	<input checked="" type="checkbox"/> MW Malawi . . . . .	<input checked="" type="checkbox"/> ZA South Africa . . . . .
<input checked="" type="checkbox"/> ES Spain . . . . .	<input checked="" type="checkbox"/> MX Mexico . . . . .	<input checked="" type="checkbox"/> ZM Zambia . . . . .
<input checked="" type="checkbox"/> FI Finland . . . . .	<input checked="" type="checkbox"/> MZ Mozambique . . . . .	<input checked="" type="checkbox"/> ZW Zimbabwe . . . . .
<input checked="" type="checkbox"/> GB United Kingdom . . . . .	<input checked="" type="checkbox"/> NO Norway . . . . .	
<input checked="" type="checkbox"/> GD Grenada . . . . .		
<input checked="" type="checkbox"/> GE Georgia . . . . .		
<input checked="" type="checkbox"/> GH Ghana . . . . .		

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

. . . . .  . . . . .  . . . . .  . . . . .

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designation(s) which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box or being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Sheet No. 4

## Box No. IX CHECK-LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	
(a) the following number of sheets in paper form:		Number of items	
request (including declaration sheets)	5	1. <input checked="" type="checkbox"/> fee calculation sheet	
description (excluding sequence listing part)	5	2. <input type="checkbox"/> original separate power of attorney	
claims	3	3. <input type="checkbox"/> original general power of attorney	
abstract	1	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....	
drawings	1	5. <input type="checkbox"/> statement explaining lack of signature	
Sub-total number of sheets	15 0	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....	
sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below)		7. <input type="checkbox"/> translation of international application into (language): .....	
Total number of sheets	0	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	
(b) sequence listing part of description filed in computer readable form		9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))	
(i) <input type="checkbox"/> only (under Section 801(a)(i))		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	
(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))		(ii) <input type="checkbox"/> (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column	
Figure of the drawings which should accompany the abstract:		10. <input type="checkbox"/> other (specify): .....	
Language of filing of the international application: English			

## Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Manuel J.T. Carrondo  
CEO, IBET*Manuel J.T. Carrondo*Manuel Nunes da Ponte  
Director*Manuel Nunes da Ponte*

Inventors:

Helena Santos

*Helena Santos, Maria Belinda da Costa, Pedro Lemos, Pedro Miguel de Almeida*Carla Jorge, Carla Alexandra Duarte Jorge, Milton Costa, *Milton Costa, Carla Jorge, Carla Duarte Jorge, Milton Costa*

For receiving Office use only

- Date of actual receipt of the purported international application:
- Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:
- Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6.  Transmittal of search copy delayed until search fee is paid

2. Drawings:

 received: not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

**PCT****FEES CALCULATION SHEET**  
Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's  
file reference

Date stamp of the receiving Office

**Applicant****Instituto de Biología Experimental e Tecnológica (IBET)****CALCULATION OF PRESCRIBED FEES**

1. TRANSMITTAL FEE	23.19	T
2. SEARCH FEE	945.00	S

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

## 3. INTERNATIONAL FEE

**Basic Fee**Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 10  
Where item (b) of Box No. IX does not apply, enter Total number of sheets }**b1** first 30 sheets 444.00 **b1****b2** number of sheets x fee per sheet = **b2**  
in excess of 30**b3** additional component (only if sequence listing part of description is filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)).400 x fee per sheet = **b3**Add amounts entered at b1, b2 and b3 and enter total at B 444.00 **B****Designation Fees**

The international application contains 189 designations.

5 x 96.00 = 480.00 **D**  
number of designation fees amount of designation fee payable (maximum 5)Add amounts entered at B and D and enter total at I 924.00 **I**

(Applicants from certain States are entitled to a reduction of 75% of the International fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

## 4. FEE FOR PRIORITY DOCUMENT (if applicable)

## 5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

1892.19

TOTAL

 The designation fees are not paid at this time.**MODE OF PAYMENT**

<input type="checkbox"/> authorization to charge deposit account (see below)	<input type="checkbox"/> postal money order	<input type="checkbox"/> cash	<input type="checkbox"/> coupons
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> bank draft	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> other (specify):

**AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT**

(This mode of payment may not be available at all receiving Offices.)

Receiving Office: RO/ \_\_\_\_\_

 Authorization to charge the total fees indicated above.

Deposit Account No.: \_\_\_\_\_

 (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

Date: \_\_\_\_\_

 Authorization to charge the fee for priority document.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_